SANC-4-24

South African Nursing Council

(Established by the Nursing Act, 1978)

602 Pretorius Street, Arcadia, Pretoria, 0083
P O Box 1123, Pretoria, 0001
Telephone 012 420-1000
Fax 012 343-5400 (24-hour line)

Notice of Commencement of Community Service

Instructions: 1. *Please complete all required information using a ballpoint pen.*
2. *Print all information clearly*

Details of Community Service Practitioner:

S. A. Nursing Council Reference Number																			
Title (*tick ✓ one box*)	Dr		Mr		Ms		Prof												
Surname																			
Given Names (in full)																			
Maiden Name (if applicable)																			
South African Identity Number																			

Confirmation of Commencement of Community Service:

Name of Health Establishment (where Community Service has commenced)										
Name of Town / City										
Province										
Date of Commencement of Community Service *(yyyy-mm-dd)*	Y	Y	Y	Y	–	M	M	–	D	D

Signed by Practitioner:

I certify that the information provided in this notice is true and correct										
Signature										
Date *(yyyy-mm-dd)*	Y	Y	Y	Y	–	M	M	–	D	D

Signed by Head of Public Health Establishment:

I certify that the above named practitioner has commenced Community Service at this Public Health Establishment on the date indicated above										
Signature										
Print Name										
Date *(yyyy-mm-dd)*	Y	Y	Y	Y	–	M	M	–	D	D

Stamp of Public Health Establishment